

SECRET
(When Filled In)

NAME CHECK, DOCUMENT SERVICE, AND PARTIAL CONSOLIDATION REQUEST

RID CONTROL NO. (Filled in by RID)		DATE (Submitted by requester) 22 June 1962	
FROM: (Requester's name) ①		BRANCH	ROOM 5B0003
		SR/CA/E	EXTENSION 6428

TO	ROOM	DATE	INITIALS	CHECKING INSTRUCTIONS
RID/INDEX		25/6/62 RC		
REQUESTER	5B0003		②	
RID/FILES				
REQUESTER			③	
RID/DRS				
RID/201				
RID/ANALYSIS				
RID/MIS				
RID/INDEX				

SUBJECT TO BE CHECKED	
SURNAME OSADSA	GIVEN NAMES Tanya
SPELLING VARIATIONS T -	
AKA, ALIASES	
OTHER IDENTIFYING DATA (Occupation, sex, CP membership, I. S. affiliations, etc.)	
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES/METHOD/EXEMPTION 382B NAZI WAR CRIMES DISCLOSURE ACT DATE 2007	
DATE AND PLACE OF BIRTH 1943 (approx.) in the USSR	
CITIZENSHIP U.S.A.	RESIDENCE U.S.A.

RID/INDEX TO REQUESTER	COMMENTS
<input checked="" type="checkbox"/> NO PERTINENT IDENTIFIABLE INFORMATION	
CARD REFERENCES ATTACHED	

BE SURE ALL SUBJECT INFORMATION IS CORRECT

- ① Type or print all entries.
- ② On receipt of index card reproductions: draw a green diagonal line across items you don't want RID to obtain for you.
- ③ Edit (use green) the Copyflo listing to reflect: (a) Cards to be destroyed (green D). Examples: referenced document has been destroyed; less informative than a retained card leading to the same information; referenced information not significant. (b) Corrections and additions, including ∞ when card reflects all facts in document. (c) OK all cards that are correct as typed.

Could this trace be consolidated into an existing or new file? yes no. (If yes, complete the following - no other form required.)

PARTIAL CONSOLIDATION						
<input type="checkbox"/> number will be supplied by RID. If new <input type="checkbox"/> number has been obtained by desk, note it in this space.)						
OTHER INTERESTED DESKS OR STATIONS						
CRYPTONYM ASSIGNED	FILE TO BE KEPT	ACCESS RESTRICTED	RESTRICTION (If any)			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> RID	<input type="checkbox"/> DESK	<input type="checkbox"/> NO	<input type="checkbox"/> YES \rightarrow	

ALWAYS RETURN THIS FORM WITH COPYFLO OF CARD REPRODUCTIONS. IF YOU HAVE REQUESTED A PARTIAL CONSOLIDATION, ALSO RETURN PERTINENT DOCUMENTS.

DATE	SIGNATURE OF RECORDS OFFICER
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